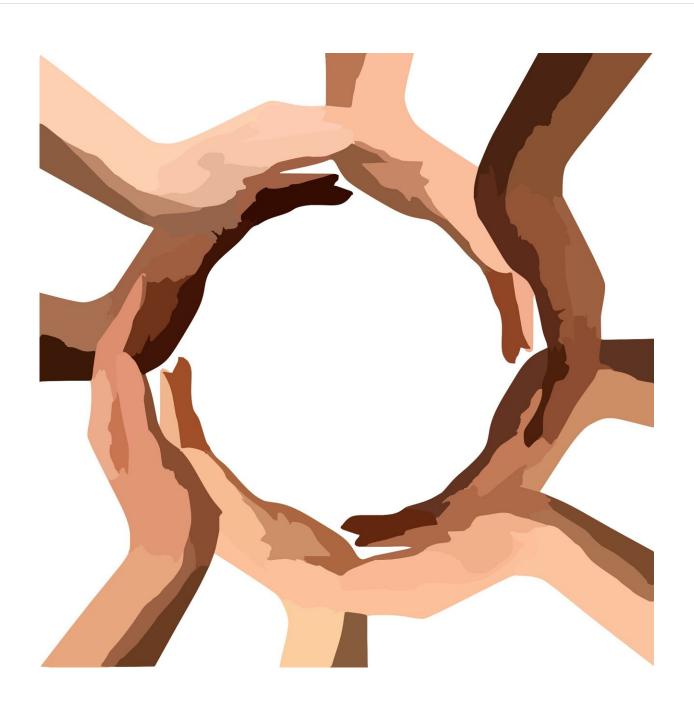


Researchers should avoid using terms like 'race,' 'ancestry' and 'ethnicity' interchangeably

September 19 2022





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Health-care researchers should avoid using terms like "race," "ancestry" and "ethnicity" interchangeably in their studies and research reports, says McMaster University professor Sonia Anand in her latest study in *PLOS Global Public Health*.

Anand said that <u>race</u> is a social and not biological construct, and multiple ethnic groups exist within racial groupings. In addition, one's ethnic identification and ancestry can be different.

The findings of Anand, first author Clara Lu and fellow researchers Rabeeyah Ahmed and Amel Lamri were published on Sept. 15.

"When they not used carefully, people often use race, ethnicity and ancestry as equivalent terms and depending on the research, racial groups are interpreted to reflect biological differences," said Anand, a professor of the Department of Medicine. She is also the acting associate vice-president of Equity and Inclusion at McMaster and the associate chair of equity and diversity for her department.

"Also, people's perceptions of their own ethnicity can vary over time."

Anand said the best strategy for researchers is to ask study participants to self-identify their race, ethnicity or ancestry.

She said that self-reporting reduces the risk of misclassifying people, which can skew data around health outcomes if researchers categorize participants based on skin color or other characteristics without



consulting them.

For example, if a person from another race is classified as white, they could be mistakenly deemed as being of lower risk of developing health conditions that may disproportionately affect some racial groups more than others.

"Researchers should consider the terms they use more carefully," said Anand.

"There is a difference in the terms race and ethnicity and study participants should be asked to self-report both as much as possible."

Anand said correctly using the term "ancestry" is particularly important for genetic researchers, as study participants may identify with one ethnic or racial group but have genetic ancestry which is different.

She gave the example of some South Asian Canadians who may identify as being from India or Pakistan but could also have genetic ancestry that clusters from the Middle East or Central Asia.

"Genetics and genomics researchers should consider carefully <u>ancestry</u> -informed ethnicity, together with the self-reported ethnicity," said Anand.

The paper comes 23 years after Anand authored a similar review on use of race and <u>ethnicity</u> terminology in health research. She said the 2022 update was necessary owing to a worldwide reckoning with <u>discrimination</u> and <u>prejudice</u>, both in health care and society as a whole, along with the explosion of population-based genetics studies.

More information: Clara Lu et al, Use of race, ethnicity, and ancestry data in health research, *PLOS Global Public Health* (2022). DOI:



10.1371/journal.pgph.0001060

Provided by McMaster University

Citation: Researchers should avoid using terms like 'race,' 'ancestry' and 'ethnicity' interchangeably (2022, September 19) retrieved 23 April 2024 from https://medicalxpress.com/news/2022-09-terms-ancestry-ethnicity-interchangeably.html

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